Amendment/Reply Transmittal Letter
Application Serial No. 10/083,822
Attorney's Docket No. 01-1004 RCE 1

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below:

	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	31	17	14	x \$18.00=	\$252.00
Ind. Claims	6	4	2	x \$86.00 =	\$172,00
	ent adds mult	ple dependent clai	ms, add \$280.	00	\$424.00
		aimed, subtract 50			
OTAL A	DDITIONAL	FEE DUE FOR 7	THIS AMENI	DMENT	\$424.00

A claim fee in the amount of \$ is enclosed.
Charge \$424.00 to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

10/05/2004 TROBERTS 00000003 072347 10033	1070572004	TROBERTS	00000003	072347	1003368
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X1 FC:1202 252.00 D9 D2 FC:1201 172.00 DA